

Application Data Sheet
Application Information

| | |
|---|---|
| Application number:: | Unknown |
| Filing Date:: | Herewith |
| Application Type:: | Regular |
| Subject Matter:: | Utility |
| Suggested classification:: | |
| Suggested Group Art Unit:: | |
| CD-ROM or CD-R?:: | No |
| Sequence submission?:: | No |
| Title:: | SYSTEMS AND METHODS FOR FREEFORM ANNOTATIONS |
| Attorney Docket Number:: | FX/A3020 |
| Request for Early Publication?:: | No |
| Request for Non-Publication?:: | No |
| Suggested Drawing Figure:: | 1 |
| Total Drawing Sheets:: | 7 |
| Small Entity?:: | No |
| Petition included?:: | No |
| Licensed US Govt. Agency:: | No |
| Secrecy Order in Parent Appl.?:: | No |

Applicant Information

| | |
|--------------------------------------|---------------|
| Applicant Authority Type:: | Inventor |
| Primary Citizenship Country:: | US |
| Status:: | Full Capacity |
| Given Name:: | Laurent |

Middle Name::
Family Name:: Denoue
Name Suffix::
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 978 North California Avenue
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94303

Applicant Authority Type:: Inventor
Primary Citizenship Country:: US
Status:: Full Capacity
Given Name:: Gene
Middle Name::
Family Name:: Golovchinsky
Name Suffix::
City of Residence:: Palo Alto
State or Province of Residence:: CA
Country of Residence:: US
Street of mailing address:: 4250 El Camino Real, #327
City of mailing address:: Palo Alto
State or Province of mailing address:: CA
Country of mailing address:: US
Postal or Zip Code of mailing address:: 94306

Correspondence Information

Correspondence Customer Number:: 23910
Phone number:: (415) 362-3800
Fax Number:: (415) 362-2928
Email address:: dxue@fdml.com

Representative Information

Representative Customer Number:: 23910

Domestic Priority Information

| | | | |
|---------------|-------------------|----------------------|----------------------|
| Application:: | Continuity Type:: | Parent Application:: | Parent Filing Date:: |
|---------------|-------------------|----------------------|----------------------|

Foreign Priority Information

| | | | |
|-----------|----------------------|---------------|--------------------|
| Country:: | Application Number:: | Filing Date:: | Priority Claimed:: |
| | | | |

Assignee Information

Assignee Name::
Street of mailing address::
City of mailing address::
State or Province of mailing address::
Country of mailing address::
Postal or Zip Code of mailing address::